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THE DOCTORS WEEKLY

A STRICTLY ETHICAL NEWSPAPER FOR THE MEDICAL PROFESSION AT HOME AND ABROAD

VOL. II—No. 3. NEW YORK, JULY 16, 1892. TERMS $2.00 A YEAR.

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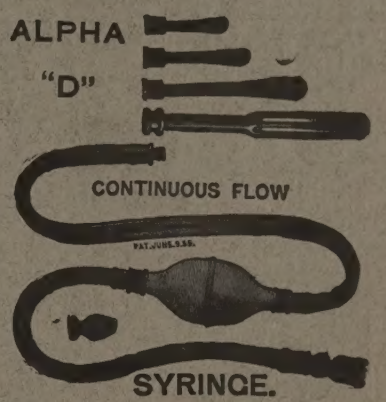

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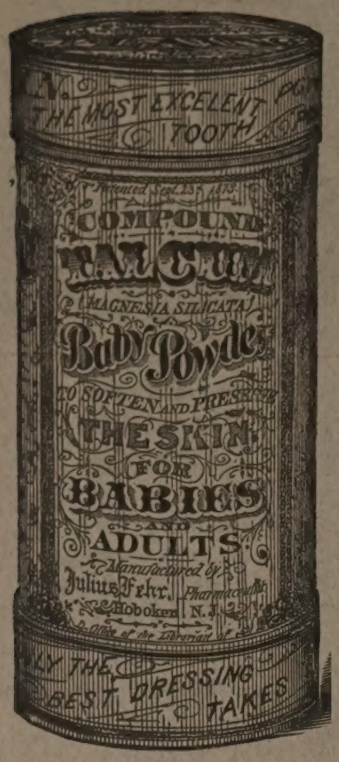

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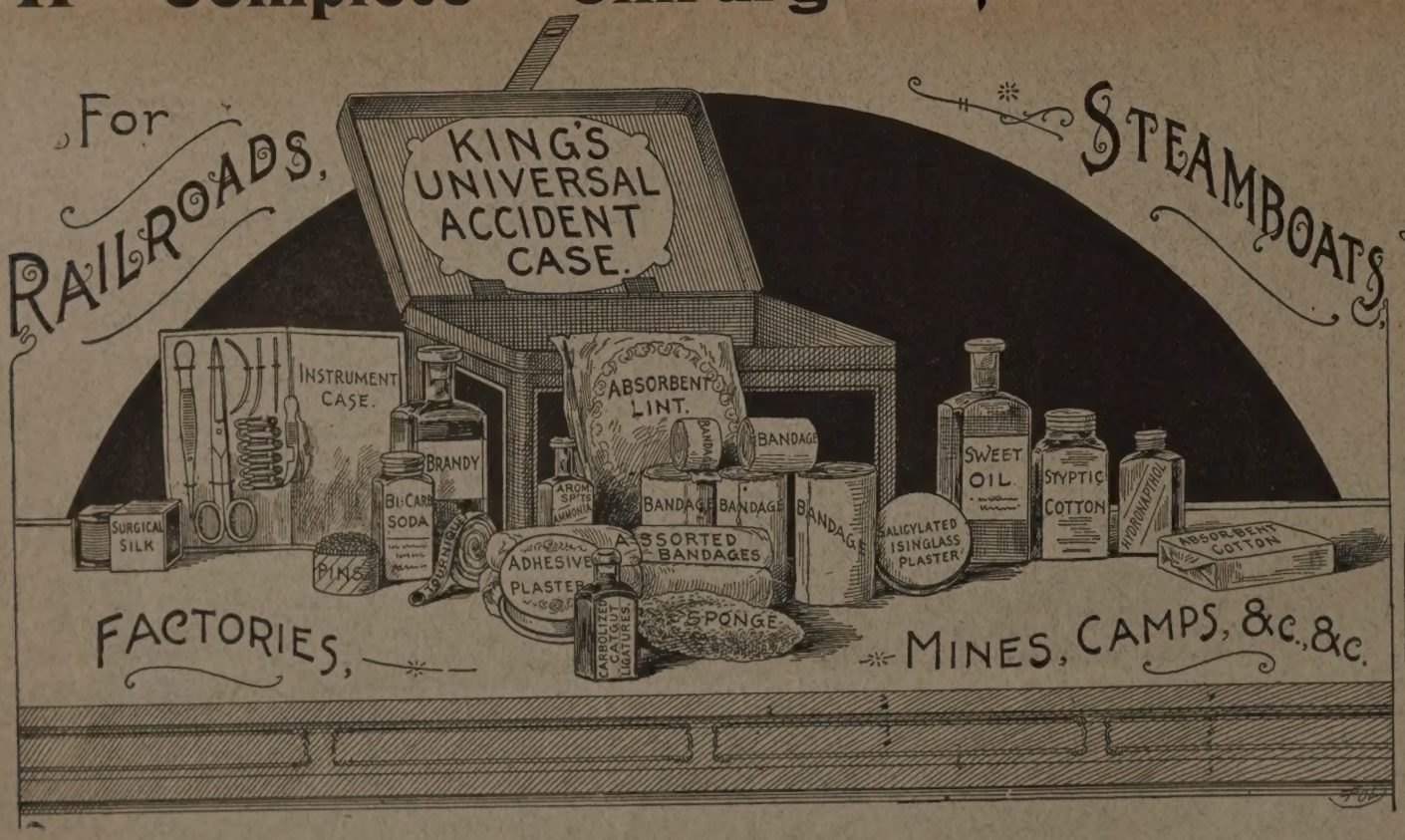

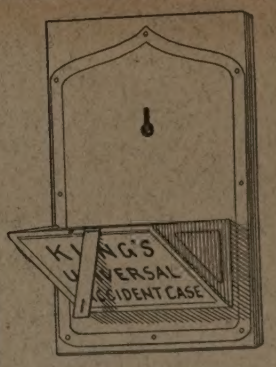

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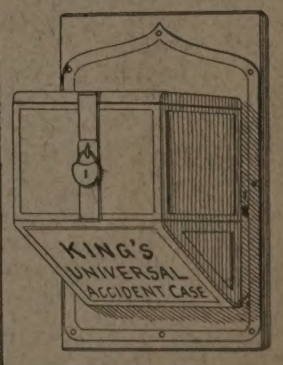

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A REVIEW OF "IDEALITY OF MEDICAL SCIENCE."

A DETAILED PLAN OF THE PRACTICE AND STUDY OF MEDICINE, BY MAURICE J. BURSTEIN, A.M., M.D. NEW YORK. (COPYRIGHTED)

It is only natural for me to experience much pleasure and gratification that my humble effort, published in the DOCTORS' WEEKLY of February 6, 1892, entitled "Ideality of Medical Science; the evil events of the profession, and an available device for its reformation," should have aroused a more than passing interest in the medical world. It has been reviewed and commented upon not only in the leading medical journals, but in other journals as well, while some have reprinted the entire article, so that their readers might render an opinion for themselves. Many communications have also been addressed to me advising and requesting that I issue a supplementary article in which I could elucidate more fully the plan suggested by me, and to give therein the important details and necessary data. Believing that a proper solution of the evil existing at present would give a noble impetus to the medical profession as well as to the medical science itself, and being assured that the majority of medical men are of this opinion, I am encouraged to attempt a more accurate description of the plan already proposed in my previous article.

Before doing so, however, I cannot overlook two of the many criticisms which have been passed upon my proposed plan, and this compels me to quote an important and essential extract from my former article.

"Let the doctors of each and every State form an 'Order' with a grand Medical Board (or call it State Medical Board, if you like). This Board should have its subordinate or county societies; which, again should subdivide into districts. Each district should have a certain number of physicians, according to the density of the population. A physician should have a certain number of patients under his care, or he may be appointed by the Grand Medical Board to a fixed number of families living in his district. Physicians may be subdivided into three classes, according to their standing in the profession; regular attending, visiting and consulting. By this procedure, if in some cases a few physicians are wanted, as for an operation or consultation, a certain number of physicians can be procured. In this way only would we be able to give the poor man a chance to call in a doctor when needed, before he has reached a hopeless stage."

"Now as regards the financial bearing of the question. It would, as already said, be difficult or impossible to induce people to pay in advance a fixed sum of money for future medical advice. But a suggestion would be the following: Let the doctor be an officer of health as a policeman is an officer to keep order in town, let him be a 'sanitary teacher.' Every such sanitary officer, or teacher, or adviser, should, according to the amount of work he does, be paid by the government of the State a certain salary. Say, we have in a city 2,000 physicians, let the average for every one be $3,500, making $7,000,000 a year which is, certainly, a great deal less than the same number of physicians earn annually by the present "Fee System."

"The money should be distributed by the Grand Medical Board, as teachers are paid by the Board of Education. The people may be taxed, either according to their income, or each and every one alike."

The editor of the "Twentieth Century" in his criticism does not consider the question as a whole, and fails to mention the advantages that would result from my plan, but he does find fault regarding the method of taxation, and fears that the medical profession would be controlled by political influences and that several parties would derive therefrom quite an item for election expenses.

With regard to the method of taxation, I cannot see what difference it would make to a man whether he was taxed by his family or consulting physician, according to services rendered, or that he be taxed for medical advice in the same manner that he is taxed for education. Let Mr. P—— examine his doctor bills and he will readily see that during the year he expended much more for medical, surgical and obstetrical work done for himself and his family, than he would be required to pay in the form of taxes.

Again the editor's fears that the medical body would become a political one, are groundless. I have already stated that the doctors themselves should form the organization, and the selected board in whose hands shall be entrusted the State medical affairs, which I call the State Medical Council, must be composed of the best and ablest men in the profession.

The State Medical Council will not be subject to political influences. Certainly, the council will have to be endorsed by the government; but they will be selected by the physicians.

The legislature once having recognized in them as a supreme medical body composed of the ablest men in the profession, would necessarily give them the power over everything pertaining to the practice of medicine, or relating to health. The editor finally admits that the plan possesses some very attractive features.

The "Medical Record" of April 9th, says editorially, that I have "exaggerated the pains and difficulties

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of medical practice, and that physicians will always find time to read medical journals, particularly the "Medical Record."

"Bad bills, ungrateful patients, dangerous cases, large and expensive families make life somewhat of a trial, but we fancy that there are burdens to be met with in every kind of work; and no grand medical order could do away with those of the physician"

What the editor of the "Medical Record" says may be very true, but I scarcely think that it has a particular bearing upon the subject, and then I regret that he should have ventured an opinion after reading only a small extract of my article in the "Twentieth Century." As a matter of fact I not only claim that my plan would benefit physicians, but I have also endeavored to point out the many advantages accruing to the people were my proposed reform adopted in the medical profession. Somehow, I feel that if Dr. Shrady had read and considered the article *in toto*, he might have joined many others in undoubted approval, or have shown himself favorably disposed toward the plan, as manifested in the following extracts.

The "Medical World" of May, 1892, says, "We congratulate Dr. Burstein, and are glad he has written such a practical paper. The minds of a large portion of our population are just now directed towards practical measures of relief. This article comes just in time."

The "Souther Clinic" of April says: "We can see the many advantages that would follow such a course, but we fail to see that the doctor has suggested the all important idea of "how" to organize the profession as he suggests. If we could ever induce the profession to perfect such a complete organization as is here proposed, we would have no need of the help of the State or Government. We would be in a position to demand and have all we wanted or were entitled to both in the matter of proper reward for our services, and in the improved teaching facilities."

The editor of the "Southern Clinic" is evidently more anxious to know how the profession rather than the people would benefit by the proposed reform; but consider also the benefits to be derived by the people, and there is no doubt that the honest physician must join the honest citizen in demanding such a reform in the practice of medicine and the study of medical science.

The reader has perhaps concluded, and justly so, that my object is to abolish the present "Fee System." The maintenance of the physician should not be an outcome of the struggle for self-existence, but he should be placed in a position independent of that, so that his work and his efforts would be prompted by feelings of morality and humanity. Every one is aware of the evils that are likely to follow, and that actually follow, from the present practice of medicine, because the physician is directly dependent for his bread and butter upon his suffering patient, and, therefore it would be but natural were the physician to delay the cure as long as possible. The tendency of the powerful is to take advantage of the weak. The struggle for self-existence, often compels one to become mercenary and unscrupulous. If a merchant can secure $5 for a pair of shoes worth only $2, he might be considered a good business man. A workman would endeavor to get from his employer the highest possible wages irrespective of the ruin it might inflict upon the latter.

On the other hand, the employer would strive to reduce wages as much as possible, were he in a position to do so, and the sufferings of the working man whose existence might be a hell on earth, would scarcely effect the peace and quiet of the former.

This is a law of nature, and holds good with plants and animals as well as with man. If a large tree grows in a space surrounded by small plants, the nourishment of the latter will be absorbed by the roots of the tree, and the plants immediately encompassing it, will grow thin, small and weak in comparison with the same plants growing far away from that tree. If we look upon the animal world, we find that the efforts of the stronger are to annihilate the weaker. The lion will kill the reindeer, the wolf the sheep, the cat the mouse, the spider the fly, for no other reason than to secure the means of existence. The same natural law holds true with man. The difference, however, between man and animal is, that man possesses a higher faculty over the latter, namely, intelligence; but in order to bring the man into such state of mind that this natural law shall be preponderated or overbalanced by the intelligence, or what we call *morality*, he must be placed in a position of life whereby his efforts for self existence shall be an incident of the principal cause—that of morality, but not the endeavor for self existence shall be the primary motive in life.

The practice of the medical profession, must be based upon the principles of morality. A slight deviation from the maxims of ethics may cost a human life. Therefore the endeavors of mankind must be to avoid any occasion that might influence the physician to be impure in his motives. This object may only be accomplished when the profession of medicine shall not be practised simply as a business, but that the efforts to relieve and cure "the ills that flesh is heir to" may be prompted by humanitarian instincts and love of the science itself.

It is not sufficient, however, to give a physician all that he needs and tell him to treat patients for the love of the science; nor is the solution of this problem dependent or consequent to the formation of a medical body with a Grand Medical Board. But in order to realize such a noble idea as proposed here, we must strive to change and revise the study of the medical science as well, and endeavor to create an ideal physician who shall be fully endowed with the principles of morality and the instincts of humanity. The following details would be essential in bringing this about.

Let the physician of each ward or district call a general meeting in a suitable locality. The meeting shall be called simultaneously with the others and the first steps shall be to elect delegates for the general State or City convention.—180 HENRY ST.

(*To be continued.*)

* This article will be printed in pamphlet form, and mailed by the author to any address on receipt of ten cents in stamps.

A CLINICAL LECTURE.

THE DIAGNOSIS OF CHRONIC NASAL CATARRH.

DELIVERED AT THE COLLEGE OF PHYSICIANS AND SURGEONS, NEW YORK, BY GEORGE MOREWOOD LEFFERTS, A. M., M. D.

(*Continued from last week.*)

As a result of this process of intranasal hypertrophy, in certain cases following it, when it has lasted some time, or, more rarely, occurring early in the disease, before hypertrophy is far advanced, the third form of nasal catarrh develops. This we call atrophic or fetid rhinitis. I have told you that it is by no means as common as the preceding varieties. It means this: Remember that in the hypertrophic form we had in the deeper layers of the tissues a deposition of newly developed connective and elastic tissue. This may cause two results: First, by its mere presence and amount, it may press upon, cause atrophy of, and destruction of function in, the glands and follicles which stud the mucous membrane. It crowds them to death, so to speak. This may occur, as I have said, early in the disease; if later, as it commonly does, the process of atrophy of the mucous membrane, and especially of the glands, has a different explanation: it is now due to the contraction that takes place in the connective and elastic tissue that has been developed in the hypertrophic form of the disease. The more firmly this becomes organized, as time goes on, the more completely does it compress and destroy the function of the secreting glands and follicles, and with them the mucous membrane in which they lie and the submucous structures—atrophy. Even more, if the process be long continued, the effect of this continued pressure, aided by the pressure of inspissated secretions or crusts, is exerted upon the turbinated bones themselves. Atrophy, interstitial absorption, is set up in them; they become smaller than normal, and the result is shown in the abnormally large, wide, roomy nasal passages, covered by a tense, dry, shining mucous membrane, often with hard crusts of mucus covering it. In these cases you can often look directly through the nasal passage back into the pharynx, so wide is it.

The symptoms that these pathological changes occasion are not as marked as in the hypertrophic form. There is plenty of room through the nose for the respiratory current to pass, hence there is no obstruction to breathing experienced by the patient. The discharge, instead of being profuse, is scanty, and dries into crusts and scales. There is no interference with the timbre of the voice. The only symptoms, then, are interference with the sense of smell, as a rule, the atrophic process having extended upwards to the olfactory region, and affected the terminal fibres of the olfactory nerve, and general uneasy sensations, sometimes amounting to pain, with excessive irritability and sensitiveness to atmospheric changes. The rhinoscopic appearances, both anterior and posterior, are sufficiently indicated in my description of the disease; I will not, therefore, dwell upon them. The posterior wall of the pharynx will be dry and shining, and without any enlargement of its follicles.

So much for the atrophic form, but I have coupled with this term the one fetid. The latter condition follows the former closely—indeed, is part of it if it has lasted any time—and I see no need, clinically, to make a distinction between the two. Fetor is the direct result of the atrophy in this way: The secretions are scanty and tenacious, as I have told you, and become more and more so as atrophy of successive follicle and glands takes place. The explanation of this is simple: The atrophic process has affected first and chiefly the *serous glands*, which are numerous in the nasal mucous membrane; their function is, by their secretion, to render the nasal mucus thin and watery, but this function being abolished by their destruction, the mucus secreted by the mucus glands, large numbers of which still remain intact, is viscid and tenacious; it adheres to the mucous surfaces, and rapidly desiccates in the respiratory current of air. Large crusts and scabs thus form readily and cling closely in the nasal passages and at the vault of the pharynx. Impacted in the narrowed parts of the canals, pent up beneath the turbinated bones, constantly growing in size by the addition of the secretions poured out beneath them and prevented from escaping, is it any wonder that putrefactive changes set in; that the matter thus imprisoned decomposes; that fetor is established: and not only this, but the irritation of the mucous membrane, caused by the presence of these pent-up purulent discharges—for from muco-purulent to purulent they rapidly change—reinfects itself, so to speak, by its discharge, excites further discharges, and thus constantly aggravates the disease.

So passes the atrophic form of rhinitis into the fetid — not always, though, fortunately for the patients, and not very rapidly in any case. The symptom of the condition now established may be given in one word; fetor—stinking truly in every sense, disgusting to the patient, disgusting to his friends, disheartening to the physician, who must acknowledge his inability to do more than relieve his patient—cure the condition which gives rise to it he cannot. The only difference, rhinoscopically, which is perceptible between the atrophic and fetid stages of the disease is the increased amount of crusts and yellowish or greenish scabs, and, perhaps, the increased degree of space, due to the atrophy of all the parts upon which they lodge, which is seen in the latter variety.

Let me now recapitulate. We see, clinically, three forms of chronic rhinitis: 1, Simple, uncomplicated, chronic rhinitis; 2, Hypertrophic rhinitis; 3, Atrophic or Fetid rhinitis. Certainly these names and forms must be easy to remember. How important for your success in their treatment and views as to prognosis the remembrance of them and of their different pathological nature is, I have tried to impress upon you. Be sure then that you know just where your patient stands in the pathological scale.

I turn, now, to a part of my subject

BOVININE

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Since the successful "food show" held lately, in Boston, Mass., one can no longer doubt the fact that the people of this country are in earnest in their pursuit of knowledge regarding the kind of food that they eat. They are no longer content to take for granted every story that their grocer or butcher may choose to tell them, but show an earnest desire to examine and prove for themselves that what they purchase is pure and healthful.

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Bovinine is prepared from thoroughly inspected cattle, great care being taken to have them free from pleuro-pneumonia and all other diseases. Twelve ounces contain the strength of twelve pounds of meat.

More than thirty thousand physicians in the United States, Canada and England have tested and prescribed this food during the last twelve months, and it has now come to be known as the standard preparation for the nourishment of infants, children and adults in every phase of sickness or disease, and it is relied upon to sustain the system in any pathological condition.

which will have, perhaps, a more active interest for you—namely, the *treatment* of chronic rhinitis in its various forms. Here, again, I must limit my remarks. The medical journals teem with advice as to the proper methods of treatment. Everybody has something to say about the way to manage chronic catarrh of the nose. Much that you read will not commend itself to your good judgment, to put it mildly. Some advice is reliable. I shall try to remember, in what I am about to say, that I am speaking to those who are, or who are about to become, general practitioners, and therefore will not have at their command the elaborate apparatus, the many instruments, and the varied means of treatment possessed, perhaps, by the specialist, and while I am obliged, in order to make my lecture complete, to allude to all recognized methods, surgical as well as medical, I intend to give you simple rules, by means of which any one of you can treat his cases. You will, of course, understand that I refer to uncomplicated instances of chronic rhinitis. If there coexist in given cases such complications as deflected septum, multiple hypertrophies, nasal polypi, exostoses, and cartilaginous thickenings of the septum, large hypertrophies, veritable tumors of the adenoid tissue at the vault of the pharynx, it is, perhaps, best that you should entrust them to the more skilled hands of those whose special studies and experience fit them to undertake the task.

First of all, let your patient clearly understand whether or no he really has "nasal catarrh;" you may, perhaps, give him much comfort in this way. If he has, make up your mind as to the particular form; upon this depends what you tell him in the way of prognosis, and what you ought to do in the way of treatment. In any event, let him clearly appreciate the fact that you cannot cure his disease in as many days as he has had it months or years—perhaps that you cannot cure it at all (in the atrophic or fetid form)—but that you can give much relief from his most urgent symptoms. Inform him that there is here no royal road to success, but that, with patience and persistence, much good can be done—that success often, much oftener than is commonly believed, can be attained, and by success I mean complete, permanent cure.

Now, what are you going to do for your patient? First, you are to determine carefully whether any indications exist in the given case for general constitutional treatment, apart from local measures, and they not only often do, but are too often overlooked. If what we term a catarrhal diathesis be present, if scrofula or herpetism can be proven to exist—in short, if the nasal catarrhal disease depends upon a diathetic condition—general treatment has primary importance. Cod-liver oil, iron, and the iodides, with other remedies that will suggest themselves in particular cases, should be given for long periods. Prophylaxis, likewise, should not be forgotten; the careful attention to all habits which proceed from due consideration of wise hygienic laws will often constitute an important part of the advice that you give to your patient. Bathing, clothing, and temperature, friction and shampooing, will, in many instances, be a duty upon which you will insist. The question here arises whether any of the special agents of the pharmacopoeia that have been from time to time recommended as having a useful therapeutic effect upon the mucous membrane of the respiratory passages in a diseased condition are in reality of great value. I believe that this is questionable. I have made use of many and have never been able to convince myself that any one possessed a decided specific effect. Cubebs, ammoniacum, muriate of ammonium, and perhaps sulphur, have given the best temporary and sometimes permanent results. In each case, however, their use has been associated with that of local and direct treatment of the mucous membrane. In many cases, on the other hand, the affection will appear as a purely local one, and can be met and conquered by local treatment alone. This is of unquestionable value; the means we will consider in our next lecture.

(*Concluded next Week.*)

WHAT DOCTORS CANNOT DO.

A strange address is that delivered by Professor Herrmann Nothnagel, of Vienna, before the Association of German Naturalists and Physicians. Here is one of the most learned physicians in the world talking to a body of men only less scholarly than himself. And what does he say?

This, for one thing: The various diseases of the blood, ailments that pass through different phases and stages, the innumerable host of diseases of the nervous system "to this time have furnished no more opportunities for a real cure than the soil of Alaska for the successful cultivation of the date palm."

Infectious diseases must run their course and all the doctor can do is to support the patient meanwhile by nourishment and hygienic measures. "Whichever way one turns he will strike limits. Diseased conditions may be arrested in their initiatory stages sometimes, but after they have culminated, never. The pathological conditions which cause calculus may be arrested sometimes, but after the calculus is formed nothing but the surgeon's knife can take it away.

"No doctor can cure malaria while the patient remains in malarial districts. Alcohol, morphine and bromide relieve temporarily the pain in certain diseases, but never stop the disease itself.

"To sum up: Disease must heal itself. The painful symptoms of the sufferer are nature's effort to right the system and put it to working correctly. The doctor can only endeavor to sustain the patient while nature does this work by dietetical, hygienic and climatic influences; here by the removal of excitants."

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DISEASES OF THE BRAIN AFTER SIMPLE NOSE OPERATIONS.

Dr. Wagner finds only three such cases in literature, in all of which the middle turbinated body was the part operated upon. In the author's case the lower and middle turbinated bodies were cauterized with the galvano-cautery (the middle one on its lower border). On the third day there were two violent hæmorrhages, for the second of which the nose was tamponed. On the next day the temperature rose. The tampons were removed without effect on the temperature. Later, symptoms of meningitis appeared, and death soon followed. The blood in the hæmorrhages came not from the cautery wound, but from the upper and back part of the nose. It was venous in character. Thrombosis had probably taken place in the longitudinal sinus, causing stasis and venous bleeding from the nose. There was no autopsy.

The middle turbinated body is the dangerous field. We cannot perfectly disinfect the nose, and it is not in our power, by any precautionary measures, to prevent such a catastrophe as this.—*International Medical Magazcne*, March, 1892.

NOTE RELATIVE TO THE BUFFALO LITHIA WATER.

BY WILLIAM A. HAMMOND M.D.

There is a point in relation to the therapeutical efficacy of the Buffalo Lithia Water which has not yet, I think, received sufficient attention. It is well know that many cases of diseases of the nervous system are complicated with lithaemia, and that unless this condition is removed a cure is very often retarded and not infrequently entirely prevented. It is quite commonly the case that in cerebral congestion producing insomnia, nervous prostration resulting from over-mental work or much emotional disturbance, and in epilepsy (to say nothing of many cases of insanity) an excess of uric acid in the blood is often observed. This state appears to be altogether independent of the charâcter of the food, for no matter how careful the physician may be in regard to the diet of his patient the lithaemic condition continues. I have tried to overcome this persistence by the use of phosphate of ammonia and other so-called solvents for uric acid, but without notable effect.

Several years ago, however, I began to treat such cases with Buffalo Lithia Water with a result that was as astonishing to me as it was beneficial to the patient, so that now in all cases of nervous diseases under my charge in which there is an excess of uric acid in the blood, I use the Buffalo Lithia Water in large quantities. By this I mean that I do not have the patient drink merely a tumbler or two in the course of the day, but that I flood him, so to speak, with the water, making him drink a gallon or even more, in the 24 hours. By this course the urine after a few days ceases to deposit uric acid crystals on standing, the morbid irritability of the patient disappears, the tongue becomes clean, the wandering pains in the head are abolished, and the system is rendered much more amenable to the special treatment which may be necessary for the cure of the disease from which the patient suffers.

I have tried carbonate of lithia dissolved in water in various proportions, but it certainly does not, in cases to which I refer have the same effect as Buffalo Lithia Water.

Washington D. C., Jan. 25th, 1892 *

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OBITUARY.

Dr. John Beach died at White Plains, N. Y., July 6.

Dr. R. C. Huse of Georgetown, Mass., died at his home in that city, June 1, age 49 years.

On Monday, July 11th, Samuel M. Schaffer, son of Caroline M. and the late Dr. J. Le Grand Schaffer, in the twenty-seventh year of his age.

At Mount Vernon, N. Y., on Monday, July 11th, Frances Lester, wife of Dr. F. W. Lester and youngest daughter of the late Dr. R. F. Clow, in the thirty-second year of her age.

Dr. P. Earle died May 27, at Northampton, Mass., age 83, he was superintendent of the Massachusetts Hospital, for the Insane at Northampton, Mass., for 21 years.

Dr. S. H. Frager of St. Louis, Mo., died in that city after a short illness on June 20, age 49 years. He was coroner of St. Louis from 1886 to 1888.

Henry A. Riley, A. B. LL. B., counselor at law of this city died June 8, of heart disease, from which he has been a long sufferer. He was a well known contributor to medical journals on medical jurisprudence.

Dr. Henry A. McCormick, sixty-three years old, a native of this city and one of the best known electrical physicians in this country, died Thursday, July 7th, of cancer of the stomach, at Paterson, N. J. After twelve years of mercantile experience here he removed to Richmond, Va, and made a fortune in the dry goods business, which he lost in real estate in Philadelphia. Worry produced paralysis and he vainly tried every remedy until he adopted the galvanic battery cure. This induced him to take up the study of electrical surgery and after completing a thorough course he began practice. He settled in Paterson six years ago, and was very successful. A widow and a daughter survive him.

PERSONAL.

Dr. and Mrs. Davidson are at the Tack-a-pon-sha Hotel, Far Rockaway.

Dr. A. B. Miller, of Macon City, Mo., was elected President of the Missouri State Society.

Dr. Geo. W. Jarman has been appointed Obstetric Surgeon to the New York Maternity Hospital.

Dr. Eugene Talbot and family, of Chicago, sailed for a two months' trip in Europe on June 28.

Dr. E. C. Davis, late of Albany, Ga., is now located at 40½ Peachtree street, Atlanta, Ga.

Dr. R. H. Finley of Deerfield, Mo., has moved to St. Louis, Mo.

Dr. A. S. Gowdy of Genes Co., Kans., has moved to Deerfield, Mo.

Dr. Henry J. Garrigues has been appointed Consulting Surgeon at the New York Maternity Hospital.

Dr. G. G. Roy, of Atlanta, Ga., is spending the summer at Old Point Comfort, Va.

Dr. Geo. B. Fowler and Son are at the Monmouth House, Spring Lake Beach, N. J.

Dr. A. J. Martin, of Clarence, N. Y., has gone abroad for a year to study in foreign universities.

Dr. F. W. Swindall, formerly of Alba, Texas, has moved to Tyler, Texas.

Dr. T. C. Karnes has moved from West Point, Texas, to Gonzales, Texas.

Dr. Thos. W. Allen has moved from McLendon, Texas, to White Reed, Indian Territory.

Dr. Chas. C. Wadsworth has moved to 526 Sutter street, San Francisco, Cal.

Dr. Thos. J. McCoy, of Los Angeles, Cal., is now on the home staff of the Manhattan Eye and Ear Hospital.

The Honorary Degree of LL. D. has been conferred on Dr. Reynold W. Wilcox, of New York, by Maryville College, of Maryville, Tenn.

Dr. H. Jacobson has been elected Professor of Diseases of Children in the Women's Medical College, St. Louis, Mo.

Dr. R. H. Reed, of Mansfield, O., has been elected Professor of Theory and Practice of Surgery in the Ohio Medical University.

Dr. D. N. Reber of Belort, Kas., has moved to Independence, Kans., and formed a partnership with Dr. W. A. McCully.

Dr. Lewis S. Pilcher, of Brooklyn, President of the Medical Society of the State of New York, has gone abroad and will return about Aug. 5.

Dr. and Mrs. A. L. Ramey, Dr. Kiefe, Dr. W. E. Brandt, Dr Dillon Brown, Dr. W. R. Brighton, are at the Hotel Netherwood, Netherwood Heights, N. J.

Dr. Roland C. Hodges, formerly of Detroit, Mich., has been elected Professor of Ophthalmology in the Medical Department of the University of Texas.

Dr. Robert Tuttle Morris, of New York, has had conferred upon him at the recent commencement of the Center College, of Kentucky, the degree of A. M., *causa honoris.*

Dr. Frederick H. Wiggin has been appointed a member of the Medical Board of the City Hospital, Blackwell's Island, vice Dr. Ferguson resigned.

Dr. Frank Jay Thornbury, Ex-Resident Physician Cincinnati Hospital, Cincinnati, O., has been appointed Lecturer on Bacteriology Medical Department Niagara University, Buffalo, N. Y.

Dr. George W. Jarman has been appointed obstetric surgeon to the New York Maternity Hospital, to fill the vacancy created by the resignation of Dr. H. J. Garrigues, who has been made Consulting Surgeon.

The Barnes' Medical College is the latest accession to St. Louis Medical College. It has no connection whatever with the hospital of the same name. Drs. C. H. Hughes, A. B. Carpenter, and Pinckney French will be connected with it

Dr. Edward J. Donlin, of No. 129 West Houston street, has been appointed Coroners' physician by Coroner Shea, in the place of his late brother, Dr. Philip E. Donlin. Dr. Donlin is a member of the Tammany General Committee of the Fifth Assembly district.

Dr. A. A. Hubbell, of Buffalo, is the fortunate possessor of a complete set of the oldest ophthalmic journal in existence, viz., *Annales a' Oculistique.* It was founded in 1838 by Currier, and continued by Warlomont till his death in 1891. Since then its office of publication has been removed from Brussels to Paris, where it is ably conducted by Valude.

Dr. Amelia W. Fender, of No. 24 Beekman Place, and Dr. Alexander Abrams, of No. 177 East 64th street, will be married in this city the last of this month. Dr. Fender comes from Baton Rouge, La., and is a graduate of the New York College of Pharmacy and Women's Medical College, Baltimore. She has an older sister, Dr. Sophia Fender Unger, who enjoys a very extensive practice in this city. Dr. Abrams is a graduate of the New York College of Physicians and Surgeons.

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NEW YORK.

MARRIAGES.

On June 29 at Los Angeles, Cal., Miss Hermine Fisher to Dr. Wallace A Dunton.

Lund—Lehwess. On Thursday, July 7, Carrie, daughter of the late Dr. Rudolph Lehwess, to U. R. Tornstrom Lund.

Dr. West Hughes of Los Angeles, Cal., was married on June 1 at Louisville, Ky., to Miss Cora Jarvais of that city.

Dr. I. B. Hamilton, formerly Demonstrator of Anatomy at the College of medicine of the University of Southern California but now of Tombstone, Ara, was married at Los Angeles, Cal., June 8, to Miss Clara Eddy of that city.

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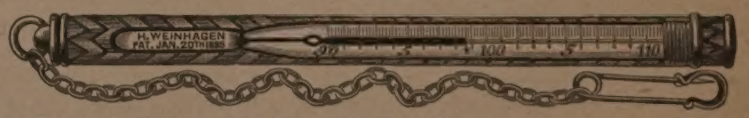

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Baltimore, Md., 8, November 1887. ORRAY T. SHERMAN.

The Doctors Weekly

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FINE DIAGNOSIS.

Dr. Louder Brunton in a recent address laid great emphasis on the necessity of care in diagnosis and gave some amusing instances of errors in this important part of a physician's work, due to too hastily formed opinions. In one case he was among a class of students around a man suffering from heart disease, when it was noticed that the pupil of one eye was much more dilated than the other. At once numerous more or less learned suggestions were made to account for the mydriasis. Eventually the man informed them that the eye over which there had been so much animated debate was a glass one. Another instance related of a learned professor who used to boast that he could tell much concerning the medical history of his patients by their teeth. When holding forth on his favorite theory one day he was considerably disconcerted by the patient taking out the complete set of masticators, and saying: "Perhaps the gentleman would like to look at them closer."

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HYDROGEN IODIDE.

This is the original Syrup of Hydriodic Acid, first brought to the attention of the medical profession by R. W. Gardner, the use of which has established the reputation of Hydriodic Acid as a remedy.

Since its first introduction in 1878, its great value in the treatment of disease, as demonstrated by the experience of the profession, and the extensive circulation of this experience by the present writer, has excited the cupidity of a large number of manufacturers, who are seeking to take advantage of the reputation which this article has obtained, and of the large outlay of time and money expended by the writer, in disseminating the experience of the profession in its use.

Various preparations, bearing the same name, are offered, and the writer's announcements are largely copied.

This only proves the value of the iginal preparation, for a worthless article would scarcely be imitated.

The physician cannot be too careful to send his prescriptions to reliable parties only, and designate the manufacturer whose preparation he wishes the patient to use.

Hydriodic Acid should not be prescribed in combination with alkalies, metalic salts, or oxidizing agents, which latter would convert the Hydriodic into Iodic Acid, which possesses toxic properties.

In syphilitic diseases it may be combined with the bin-iodide of mercury, but if the proto-iodide is used, allowance must be made for its conversion into bin-iodide, which is a very much more active mercurial, and if not understood, might produce dangerous results.

Hydriodic Acid, probably, passes into the circulation without change, particularly if taken upon an empty stomach, and this is the proper time to exhibit the remedy, as no decomposition of the acid is apt to occur, owing to the absence of food products.

The proportionate arrangement of the elements constituting Hydriodic Acid is remarkable, the Acid being, in fact, almost wholly Iodine. The very small proportion of Hydrogen being the true equivalent, suffices to entirely remove the irritant quality from Iodine, by converting it into a non-irritant compound, from which, however, the full therapeutic action of Iodine is not only obtained, but in a marvellously effective and agreeable manner.

ASIATIC CHOLERA.

The newspapers contain daily cable reports of the alarming spread of cholera in Russia, Turkestan and Persia, in the towns along the coast of the Caspian Sea. The London *Lancet* also has received dispatches that a number of deaths from the disease have occurred in the suburbs of Paris. This report has been denied by some French physicians, who claim that the disease is not true Asiatic cholera, but cholerine, which is a rather indefinite term applied by the German writers to designate a mild form of cholera.

Surgeon-General Wyman, of the Marine Hospital Bureau, has recommended the establishment of a steam disinfecting plant at Ellis Island, New York Harbor, for the purpose of disinfecting the baggage of immigrants coming from infected countries, as a measure of precaution against the introduction and spread of the disease in this country.

The last attack of epidemic cholera in the United States occurred in 1873, when the disease prevailed throughout the entire valley of the Mississippi. The early cases were discovered in the city of New Orleans, and from that point the disease was carried northward and became epidemic at all points attacked, although it assumed a pandemic form at none. According to the report of the cholera epidemic in 1873, prepared under the direction of the Surgeon-General of the United States Army, the disease gave rise to a most extended discussion in medical circles, during which there was a greater diversity of opinion expressed than had been occasioned by any disease which had appeared upon the American continent during the past century. The vast majority of medical men of the United States who were engaged in combatting the disease during the progress of the epidemic, both in hospitals and in private practice, were unanimous in pronouncing it to have been Asiatic cholera, of foreign origin. A second class, composed of a most respectable number of gentlemen, both numerically and intellectually, recognized the disease to have been cholera in a fatal form, but announced it as American cholera, not epidemic, but endemic, having its origin in certain local and malarial influences. A third class rejected the cholera hypothesis entirely, and pronounced the disease to have been "pernicious bilious fever of the algid type," "congestive malarial fever," etc.

The report of this epidemic further states that the clinical history demonstrated that no age, sex, color or condition of life was exempt from its influence. Fatal cases are recorded as having occurred at all ages, from that of one month to 118 years. The greatest mortalities are recorded between the ages of 20 and 40. Males suffered from the disease more severely than females, and in proportion to their numbers, blacks than whites. The disease was more malignant among the lower orders of each community, but the better classes were by no means exempt.

THE Medical Department of the State University of Arkansas at Little Rock, has received a bequest of $20,000 from Dr. Isaac Fulsom.

EDITORIAL ITEMS.

MEDICAL BILLS.—Under a recent decision, medical bills in Michigan do not have a labor status entitling them to a first lien in case of bankruptcy.

AN ITHACA DOCTOR suggests that the appendix vermiformis be removed by surgical means from all children soon after birth. No doubt many over-enthusiastic gynecologists would like to amend this suggestion by including in the operation the ovaries of all children of the female sex.

A PHYSICIAN IN WASHINGTON writes that on the first of June there is a perfect exodus from that city of colored waiters, who during the summer season, are employed at the various hotels in New England and along the Atlantic sea-coast. He has observed in private and dispensary practice that very many of these waiters are suffering from constitutional syphilis, and states that through their instrumentality the disease may be spread to an alarming degree.

IT IS ESTIMATED THAT the life of humanity has gained 25 per cent. all the world over in the last fifty years. The lowest average that has been calculated is 23 years, which represents the life expectancy of the Soudanese; but even this is high when it is remembered that in Geneva in the thirteenth century 14 years were all that were allotted to man. The United States census of 1850 shows that 7.47 per cent. of the persons who died in the previous decade were over 70 years of age; in 1860 the percentage was 7.54, and in 1880 it was 10.35. The deaths of adults have diminished in a continuous ratio, so that the proportion of infant victims to the whole number of deaths is constantly on the increase. In the United States, the average longevity is 55 years. In England it is about 48 years. In France, during the past half century, the average has gone up from 38 to 45½ years.

DR. JOHN MACPHERSON, of London, in his Annals of Cholera from the Earliest Periods to the Year 1817, states that cholera is one of the most ancient diseases of which distinct descriptions exist, and that there are few disorders respecting which such an uninterrupted chain of evidence has been preserved. Sporadic cholera was common in the days of Hippocrates, (B. C. 460–370) and the disease is afterwards described by Celsus, Galen, and many other medical writers. The first epidemic of cholera in North America occurred in 1832; this epidemic originated in India six years before and was traced in this country to the arrival of a number of infected vessels in the St. Lawrence River. Other epidemics of the disease occurred here in 1834, 1848, 1854 and 1865. Regarding the epidemic of 1854, Dr. Stephen Smith, of this city, in an editorial published in the New York Journal of Medicine at that time, said: "Along all the great routes of travel, it (the cholera) appeared during the summer months, but without any definite law of progression, being governed apparently by the temperature of the weather, the course of the emigrants and the condition of the towns where they took up their residence."

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While the most prominent use for the Hypophosphites of Lime and Soda is in the treatment of Consumption and Scrofula, in which its tonic and tissue-building properties render it particularly efficacious, yet it has other and quite varied uses, based upon these same properties. One of the most marked of these is its use as a tonic reconstructive in hot weather.

Many persons have fair health during the cooler months of the year, yet suffer greatly from debility during the long, hot summer. The relaxing effects of the heat itself, besides the loss of the salts of the tissues, through the excessive colliquative perspiration, prove exceedingly depressing to the vital powers. Not only is this condition of extreme debility very depressing in itself, but it also predisposes the victims to attacks of disease which they would otherwise be able to resist. Thus, during the heated term, we have a long list of protracted, exhaustive fevers, for the fatal issue of which the extreme debility of the patients is largely responsible.

In all this we may see another demonstration of the value of the phosphorus salts of lime and soda as tonic and vitalizing agents in the animal economy, and also a definite clue to the proper remedy for the condition described, as these tissue-salts are largely wasted in excessive perspiration. This remedy is the pure Hyphophosphites of Lime and Soda. By its tonic properties, refreshing, revitalizing and invigorating the entire system, it restrains the excessive perspiration, and the consequent waste is checked. But it also furnishes the system with healthy tissue-food to replace with new and vigorous cells the necessary waste incident to the ordinary physiological processes. Thus the system is kept all the time up to a prime condition of physical strength and mental exhilaration, and germs of disease find little encouragement for invasion.

It would be advisable that those who "do not bear hot weather well" should resort each year to a course of the Hypophosphites of Lime and Soda, and thus fortify the system against *certain* exhaustion and *possible* malignant disease. Direct them to put a teaspoonful of McArthur's Syrup occasionally in a glass of cold water, as a drink, and the "insatiable thirst" will be more easily relieved. Recommend this, also, to your consumptive and scrofulous patients, and those afflicted with diseases characterized by exhausting discharges and great debility, and they will report the summer as the most refreshing season they have ever passed. The McArthur Hypophosphite Co., Boston Mass., will send upon request to any physician not familiar with McArthur's Syrup, a full sized bottle, by express, without expense, save the express charge; also, interesting matter about the value and uses of the Hypophosphites.*

A CASE OF ACUTE GENERAL CHOREA.

BY J. T. BRINGIER, M.D.

Dennis E., a colored laborer, nineteen years old, of good habits, was suddenly seized, on March 19th, with violent uncontrollable clonic convulsions, in which the facial muscles and the tongue participated, so that the face was distorted and speech was scarcely possible. I had treated him a month previously in an attack of influenza. In the meantime he had had an attack of mumps. The family of the patient ascribed his condition to the repeated taking, for several days, of copious draughts of gin, containing a small quantity of quinine. The man was of temperate habits and not accustomed to alcoholic stimulants. It was not possible to take the patient's temperature on my first visit, but I think that it was above normal. He complained of headache and tinnitus aurium and pain in the back. Although the patient comprehended my inquiries, I could learn little from him, because of the difficulty of speech. He was given a full dose of magnesium sulphate at once, followed by the bromides and chloral in combination. The latter was repeatedly rejected. Hyoscyamine, grain 1-50, was exhibited as a substitute, with satisfactory results.

On the morning of the 20th the patient was quieter, though he had not slept well during the night. The temperature was 102.4°; the pulse, 124. The mental faculties were perfectly clear. The muscular twitchings were about the face and arms, but the lower extremities were motionless. The man had taken food by the mouth, and in reply to my query stated that he was feeling much better. The hyoscyamine was continued and a fever-mixture containing tincture of aconite, morphine acetate, and spirit of nitrous ether was ordered to be given as needed.

On the 21st the condition of the man was still more favorable. He had slept well during the preceding night. The appetite was good; the temperature, 101.6°; the pulse, 116.

On the 22d the choreic movements were much aggravated; the temperature, 102.4°; the pulse, 134. Unable to account for the rise in temperature I made a careful examination and found one testicle much enlarged and painful to touch. I now first learned that the patient had had mumps. Metastasis at once suggested itself, with the possibility that the symptoms were reflex. It was elicited that the orchitis had existed from the onset of the attack, but was thought to be of no special conseqnence. The organ was elevated, and cold applied.

The supply of hyoscyamine having been exhausted, full doses of phenacetin were given instead; and for the sleeplessness, thirty grains of sulphonal were administered at dusk.

On the morning of the 23d the choreic movements were worse than at any time previously. The patient had tossed violently throughout the night. Mattresses were placed on the floor, and though he was much weakened by continued fever, loss of sleep, and violent exertion, it required the aid of three men to permit the subcutaneous injection of morphine sulphate, grain ¼, atropine sulphate, grain 1-120. The injection was twice repeated during the day, plus half a grain of morphine by the mouth, but without any appreciable effect. Forty grains of sulphonal were given at bedtime, but without avail.

On the 24th, despite the violent struggles, the orchitis and the fever had materially subsided. The man was weaker; otherwise his condition was unchanged. At noon he was given hyoscine hydrobromate, grain 1-100. Four hours later the dose was repeated. After the second dose the patient became calm, and a refreshing sleep of ten hours' duration followed. Two doses of hyoscine were given on the 25th, two on the 26th, and but once each on the 27th and 28th. There has scarcely been a muscular twitch discernible since the 25th. On the second day of the attack five minims of the officinal solution of potassium arsenite were administered three times a day; the dose was gradually increased to ten minims. On April 7th all symptoms of chorea had disappeared and the general condition of the patient was so much improved that he resumed work.

I have reported this case to contrast it with that reported by Dr. George A. Himmelsbach, in the *Medical News* of March 12th ("An Aggravated Case of Chorea"), in which hyoscine failed utterly to give relief, and morphine proved efficient. Thus we see how futile it is to pin one's faith upon the effects of any one drug.—*Medical News.*

SOME ANOMALOUS CASES OF SCARLATINA.

BY J. RICHMOND BARSS, M. D., MALDEN, MASS.

I offer the following cases of scarlatina as interesting from a diagnostic point of view, important from a sanitary standpoint and possibly of value to the younger members of the profession. Every gentleman present, of course, claims to be able to diagnosticate a case of scarlet fever yet each one probably has had at times grave doubts as to the lesion or even failed to make a correct diagnosis through lack of symptoms or sufficient data of local conditions to fill in the missing link. While two of the cases I am about to report are records of my own blunders, fortunately harmless both to patients and myself, I trust they may be a reminder to you, if caught under circumstances which might be more deleterious to your reputations; bearing in mind two medical friends—both capable men—who suffered more or less professional injury from false diagnoses in somewhat similar cases. To those who have made these errors, certainly to myself, comes like balm to the wounded pride, the statement of a German author who says, "one of the most remarkable peculiarities of this disease is the great variety of symptoms which it presents; a variety so great, in fact, that in consequence of the lack of sufficient evidence there is still some doubt whether some of its forms should be included under the general designation of scarlet fever."

These reasons and the fact that these different forms occurred in one family at the same time seem to me to make them worthy of report. On August 16, 1891, Annie C., aged fifteen, with very fair sanitary surroundings, was taken with the sore throat which grew worse, and I was sent for.

I found her with temperature 102 degrees F., and a follicular inflammation of both tonsils, no symptoms other than those or an ordinary case of tonsillitis, no eruption, no enlargement of lymphatics; ordered a gargle and phenacitine to relieve fever. Next day, 19th, found temperature nearly normal, about 99.5 degrees F., and throat so much improved that parents thought it unnecessary for me to call again. On the second day, namely the 21st, I was sent for to see a younger child, Mary, aged seven, who had had attacks of vomiting during the day, and found temperature of 103 degrees F., with an eruption over different parts of the body, photophobia, and sneezing a good deal, no sore throat; made a diagnosis of measles; the next day I felt confirmed in my diagnosis, in spite of the fact that I now learned that there had been several cases of scarlet fever in the neighborhood, and that a child had been visiting at the house, said to be convalescing from measles, but with anasarca, peeling and other symptoms to forcibly remind me of scarlatina. Still, I believed my case to be measles and reported it as such. On the 26th, while still attending Case II, I was asked to see the brother, Tim, aged fifteen years, who had been purging and vomiting for several days, and whom I found so thoroughly jaundiced, that he looked as dark as an Indian. The 27th he began to complain of fever and sore throat, and on examination, I found, in spite of the hue of the skin, a well-marked scarlatinal eruption. I then began to reinvestigate Mary, Case II. and found her eruption had gone, but that her temperature had kept up pretty well, averaging 101.5 degrees F., with very rapid pulse, no swelling, no albumen, but quite sick with acute articular rheumatism, affecting wrists, knees and ankles. At this time Annie, Case No. I, had recovered from her sore throat and was feeling well, her urine was free from albumen, but some of the lymphatics of the neck were slightly enlarged and the skin on ends of the fingers began to peel in very large flakes, so that they were very tender, no desquamation on other parts of the body. On the 28th, namely, seven days after first visit to Case II, she also began to peel, and on left half of back and belly had a liberal crop of varicella-like vesicles or pustules.

This in brief is the history of these cases which were all undoubtedly cases of scarlatina. No. I was probably a case of scarlatina without eruption, the enlarged lymphatics and marked desquamation pointing to this conclusion; No. II was probably what Thomas means when he says: "The exanthem may be very unlike the normal eruption of scarlatina, as, for instance, when it consists in discrete large roseola," this was probably the condition that I mis-

took for measles. The pustular eruption can be accounted for by the fact that "now and then the scarlatina eruptions is followed by other forms of cutaneous disease, as herpes labialis, acne, urticaria, pemphigus, ecthyma, varicella-like and pustular eruptions, etc.; there is no connection, however, between them and the scarlatina exanthema; they belong to the domain of camplications and sequelæ;" as also the slight apparent rheumatism in Case No. II, which passed away in about a week. These cases all finally recovered.—*Boston Med. and Surg. Journal.*

PRESCRIPTIONS.

HEPATIC COLIC,—with vomiting is treated by Lemoine with a teaspoonful of the following every fifteen minutes:

℞ Chloroform, __
Tinct. myrrh aa *m* xv.
Mucil. acac f ʒ ij.
Syrupi f ʒ iijss.

IMPROVED FEHLING'S SOLUTION.—As is well known this solution deteriorates rapidly as it is usually made. Rossell, however, states that the follawing is unalterable:

℞ Cupri sulphatis puriss., grams, 34.56.
Glycerini puriss., grams, 150.00.
Potass. hydrat., grams, 130.00.
Aquæ destill., q. s., ad c. c., 1000.00

M.

This solution has a reducing powder of five milligrammes for every centimeter cube.

THE TREATMENT OF WHOOPING-COUGH.—According to the *Bulletin Generale de Therapeutique*, Galvagno has employed antipyrin combined with resorcin in the following formulæ in the treatment of whooping-cough in children:

℞ Distilled water f ʒ iiisss.
Resorcin. __
Antipyrin aa gr. xv.
Hydrochloric acid gtt. x.
Syrup f ʒ i.

Or,

℞ Syrup of acacia f ʒ iiiss.
Resorcin.
Antipyrin aa gr. xv.
Syrup f ʒ i.

Sig.—Of this, 3 to 5 dessertspoonfuls are given each day.

Under this treatment the duration of the disease, according to the author, does not exceed twelve days.

A DEODORANT.—When, in case of carcinoma of the uterus, a deodorant is required, the following combination will prove useful:

℞ Acid. salicylic., gr. viij.
Sodii salicylat., ʒ iij.
Tinct. eucalypti, f ʒ vj.
Aquæ destillat., f ℥ vj.

M. S.—Three tablespoonfuls are added to a pint or two pints of water, and used as a douche every three or four hours.

VULVAR ECZEMA.—Lush advises:

℞ Bicarbonate of sodium grammes 8.
Bicarbonate of potassium " 4.
Neutral glycerin " 6.
Tincture of opium " 8.
Water " 250.

Ft. sol. For use as a lotion morning and evening. After using the lotion apply a powder composed of starch 98 parts and powdered camphor 2 parts.—*Le Progress Medical.*

TREATMENT OE DIPHTHERIA IN PARIS.—The following treatment of diphtheria in children is much advocated at present. The room is steamed with a solution as follows:

Phenic acid ʒ ij.
Solicylic acid ʒ iv.
Benzoic acid ʒ jss.
Alcohol ʒ iv.

A tablespoonful is put into a quart of boiling water and renewed every three hours.

As a local application:

Camphor ʒ v.
Castor-oil ʒ iv.
Alcohol ʒ iij.
Phenic acid ʒ j.
Tartaric acid ℈ i.

—*Medical Press.*

THERAPEUTIC NOTES.

IN more than a hundred cases of scarlatina seen in the course of six years, in which the patients were for three weeks kept upon milk diet, Ziegler has not once encountered nephritis as a complication. — *La Semaine Med.*

ACCORDING to the *British Medical Journal* it has been discovered that the unpleasant or even poisonous symptoms which occasionally follow the local application of strong solutions of cocaine in the nasal and buccal cavities may be entirely prevented by combining the drug with resorcin.

ALOPECIA AREATA has been successfully treated by Dr. Moty (*Rev. Chir. e Terap.*, No. 10, 1891), by subcutaneous injections of corrosive sublimate, in from two to five per cent. solution, so as to surround the bald spot; five or six drops being injected at a time. It is said that the injections produce neither pain, nodules, nor other disagreeable symptoms, and are much more efficacious than other plans of treatment.

THE SCLEROGENIC METHOD OF TREATING FRACTURES. M. Menard reported to the French Surgical Congress the cure of a case of ununited complicated fracture of the leg, which had resisted the usual methods of complete immobilization for five months. M. Menard injected into the insufficient callus 1.25 grammes of a 10-per-cent. solution of zinc chloride. From that moment consolidation made rapid progress, and in a month the patient began to walk. Here we have another success scored for the method devised by Professor Lannelongue.—*The Lancet*, April 30, 1892, p. 1003.

BERGERIO (*Gazz. de Osp.*, April 7, 1892) has tried the effect of topical applications of euphorin in 20 cases of ulcerative cervicitis, in 4 of which the condition was complicated by eversion of the mucous lining of the cervix; after five or six applications the lesions were on the way to cure. He also used the drug in powder by insufflation and in a 1-in-3 alcoholic solution, and in this way cured some cases of septic endometritis. In order to avoid confusion, no other disinfecting agent was used at the same time, all washings out of the genital canal being performed with sterilized water—*British Medical Journal*, suppl., April 30, 1892. p. 71.

NEWS AND MISCELLANY.

THE American Gynœcological Society will hold its seventeenth annual meeting in Brooklyn on the 20th, 21st, and 22d of September.

A French court has decided that the person who summons a physician to see a sick person is responsible for the payment of his fees.

A Post-graduate Hospital and College has been organized at Albany, N. Y. It is to be called the Sydenham Post-Graduate Course and Hospital.

THE Board of Health of Philadelphia will petition Congress to establish one or more stations in the country for the sequestration and cure of leprosy.

THE College of Medicine of the University of Southern California, announce that all students entering in and after 1894 will have to spend four years in that institution before being graduated.

AFTER suffering long and severely from a peculiar distress in the stomach Dr. E. M. Booth of Vallonia swallowed a strong emetic and vomited a live lizard 6 inches long. He is now much better.

During the week ending July 2d, 1892, there was reported in New York City, 61 cases of diphtheria; 278 cases of measles; 52 cases of scarlet fever; 3 cases of small-pox; 11 cases of typhoid fever, and 2 cases of typhus fever. There were 933 births and 845 deaths.

THE American Chemical Society will hold its fifth general meeting in Rochester, N. Y., on August 16th. The chairman of the committee of of arrangements, Mr. A. A. Breneman, of 97 Water Street, New York. requests that members send him early notice of papers to be presented,

THE St. Louis Medical Society has refused to admit any more female physicians. It has one female member who takes no part in the discussions. The members concerned in the rejection of female physicians claim that they should form a society of their own. Among the advocates of this view is the "Medical Mirror."

THE officers of the Texas State Medical Society for the ensuing year are Dr. J. D. Osborne, of Cleburne, President; Dr. T. J. Bell, of Tyler, 1st Vice-president; Dr F. M. Pitts, of Mt. Calm, 2d Vice-president; Dr. T. J. Bennett, of Austin, 3d Vice-president, and Dr. H. A. West of Galveston, Secretary.

THE newly elected officers of the Omaha Medical Society are Dr. W. O. Bridges, president; Dr. Harold Gifford, 1st vice-president; Dr. Eleanor L. Daily, 2d vice-president; Dr. S. K. Spulding, treasurer; Dr. Geo. Wilkinson, secretary and Drs. E. E. Womersley, H. P. Hamilton and A. B. Somers, Board of Censors.

DR. MAX WYLER, of 343 East Eighty-sixth street, was held last week, in the Tombs Court, on a charge of practising medicine without a license. In the complaint it is alleged that Wyler prescribed for the child of Mrs. Miller, at First avenue and Eighty-sixth street. When the little one was dying, Wyler, it is said, told Mrs. Miller to take the child to Mount Sinai Hospital.

A RHODE ISLAND LAW FOR THE PREVENTION OF BLINDNESS.—A law has recently been passed in Rhode Island similar to those in New York and Maine, part of which is as follows, "Should any midwife or nurse, or person acting as nurse, having charge of an infant in this State, notice that one or both eyes of such infant are inflamed or reddened at any time within two weeks after its birth, it shall be the duty of such midwife or nurse, or person acting as nurse, so having charge of such infant, to report the fact in writing within six hours to the health officer, or some qualified practitioner of medicine, of the city or town in which the parents of the infant reside."

DR. KARL SCHLINDER BARNAY, of Vienna, has brought suit against Richard A. Hudnut and the R. Hudnut Pharmacy. He alleges that the pharmacists have been selling an imitation of certain anti-adipose pills manufactured and patented by him. The doctor claims $100,000 damages, and prays for an injunction against infringement. The doctor further alleges that not content with selling an imitation of his pills the druggists complained of have copied the circulars and advertisements used by him. He also alleges that not only his income but his name and reputation have suffered by the infringement.

AT the National Conference of Delegates of the State Medical Examining and Licensing Boards, held in Detroit, June 8 and 9, 1892, a permanent organization was effected. Dr. William Perry Watson, chairman of the committee, reported a constitution and by-laws, which were considered and adopted by some minor modifications, and the following officers were elected for the ensuing year, namely: President, Dr. John H. Rauch, of Chicago, Ill.; Vice-President, Dr. William Warren Potter, of Buffalo, N. Y.; Secretary and Treasurer, Dr. Hugh M. Taylor, of Richmond, Va. It is intended to hold annual meetings of this organization in connection with the regular meetings of the American Medical Association, with the hope of bringing the different medical examining and licensing boards into closer relation, and to exchange views and opinions that have grown out of the accumulated experience of the past, as well as to promote and encourage the organization of similar boards in States where they do not exist.

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BOOK NOTICES.

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Edited by CHARLES E. SAJOUS, M.D., formerly Lecturer on Laryngology and Rhinology in Jefferson Medical College, Philadelphia, etc.

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THE PHYSICIAN AND THE PAINTER.

The *New York Times* quotes the following from the *Pall Mall Gazette*:

Here is a good story of a doctor and a painter's wife. The doctor's name does not appear, but the painter was Meissonier. Mme. Meissonier sent for the family physician in a great hurry. He came, thinking some illness had overtaken the artist. But it was not the artist; it was only a lap-dog. He pocketed his pride and attended the patient, who soon recovered. At the end of the year the bill came in, but there was no item for attendance on a dog. Mme. Meissonier noticed the omission and told the doctor to charge. He would not charge; he said he could not charge; he was not a vet. He was very glad to be kind to the dog, etc. The lady insisted. "Well," said the doctor, "The hinges of my garden gate are rusty. Ask M. Meissonier to bring his brush and paint them for me."

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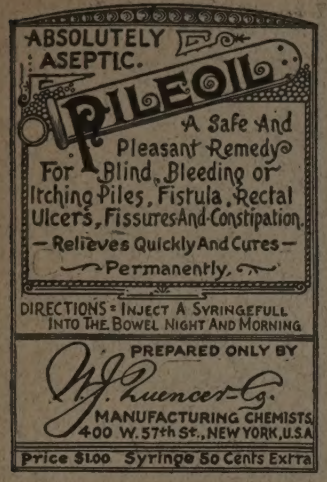
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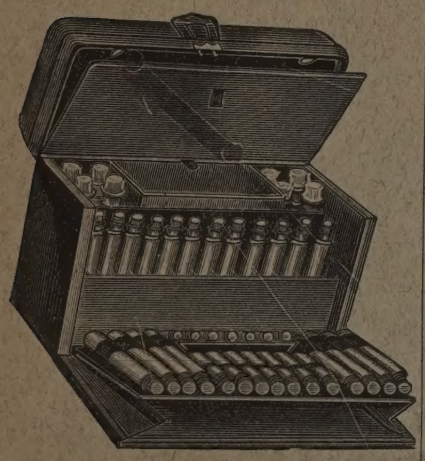

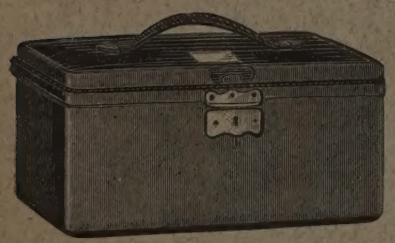

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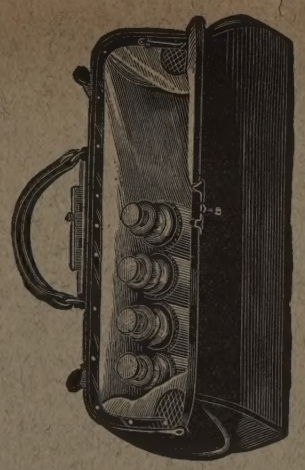

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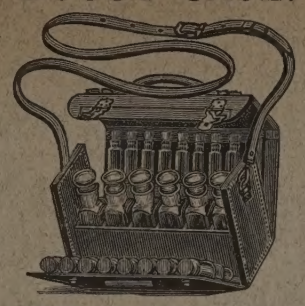

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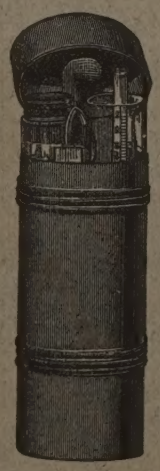

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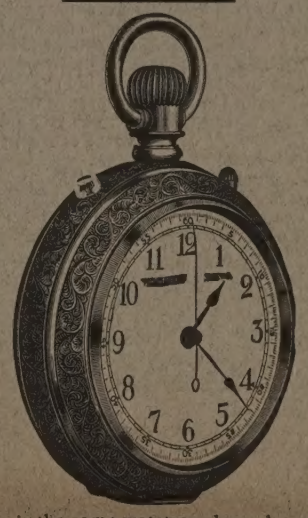

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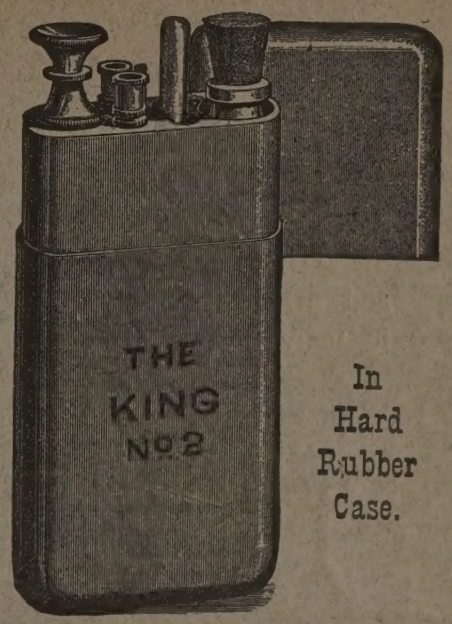

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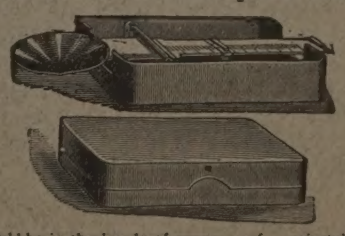

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